

PR

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL AUDIT AND EXAMINATION FEE TRANSMITTAL FORM

INSTRUCTIONS

All Companies licensed in the State of Alabama must pay the ANNUAL AUDIT AND EXAMINATION FEE of \$500.00. The only exceptions are Mutual Aid Associations, Fraternal Benefits societies, and HMOs. The Fee for these Companies is \$150.

() Make checks payable to the: Alabama Department of Insurance (the Department does not have an EFT account at this time)

() Please make note: this P.O. Box number is different from the Premium Tax P. O. Box number,

() Mail this form, and check to:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P.O. Box 830707
Birmingham, AL 35283-0707

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC NUMBER#:

COMPANY NAME

ADDRESS

CITY, STATE, ZIP

CONTACT PERSON

TELEPHONE

1. ANNUAL FEE (Due March 1st of each year: All Companies \$500.00
Except: HMOs, Fraternal, and Mutual Aid Associations: \$150.00)

PR:

\$

Check Number

**IF THE ABOVE CHECK INCLUDES PAYMENTS FOR MORE THAN ONE COMPANY
LIST ADDITIONAL COMPANIES ON THE REVERSE SIDE.**

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PR

	<u>COMPANY NAME</u>	<u>NAIC #:</u>
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